

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09781162

FILING DATE

02-17-01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7	✓						57						
8		✓					58						
9		✓					59						
10		✓					60						
11		✓					61						
12	✓						62						
13		✓					63						
14		✓					64						
15		✓					65						
16		✓					66						
17	✓						67						
18		✓					68						
19		✓					69						
20		✓					70						
21		✓					71						
22		✓					72						
23		✓					73						
24		✓					74						
25	✓						75						
26		✓					76						
27	✓						77						
28	✓						78						
29	✓						79						
30	✓						80						
31		✓					81						
32	✓						82						
33	✓						83						
34	✓						84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	22	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	34						TOTAL CLAIMS						

Best Available Copy